

REQUEST FOR TIME OFF

(This form is to be used for vacation, doctor appointments, and miscellaneous leave requests only.
Please use the "Request For Leave" form for Professional, Personal or Code 10 Leaves)

Date(s) Requested:_____

(Please Check) $\frac{1}{2}$ day_____ Morning____ Afternoon____
Full Day_____

Reason:_____

Person Requesting Leave **Date**

Supervisor's Signature **Date**

Approved ☐ **Comments:**_____

Not Approved ☐ **Reason:**_____

